

Name
in
Full

CERTIFICATE OF DEATH

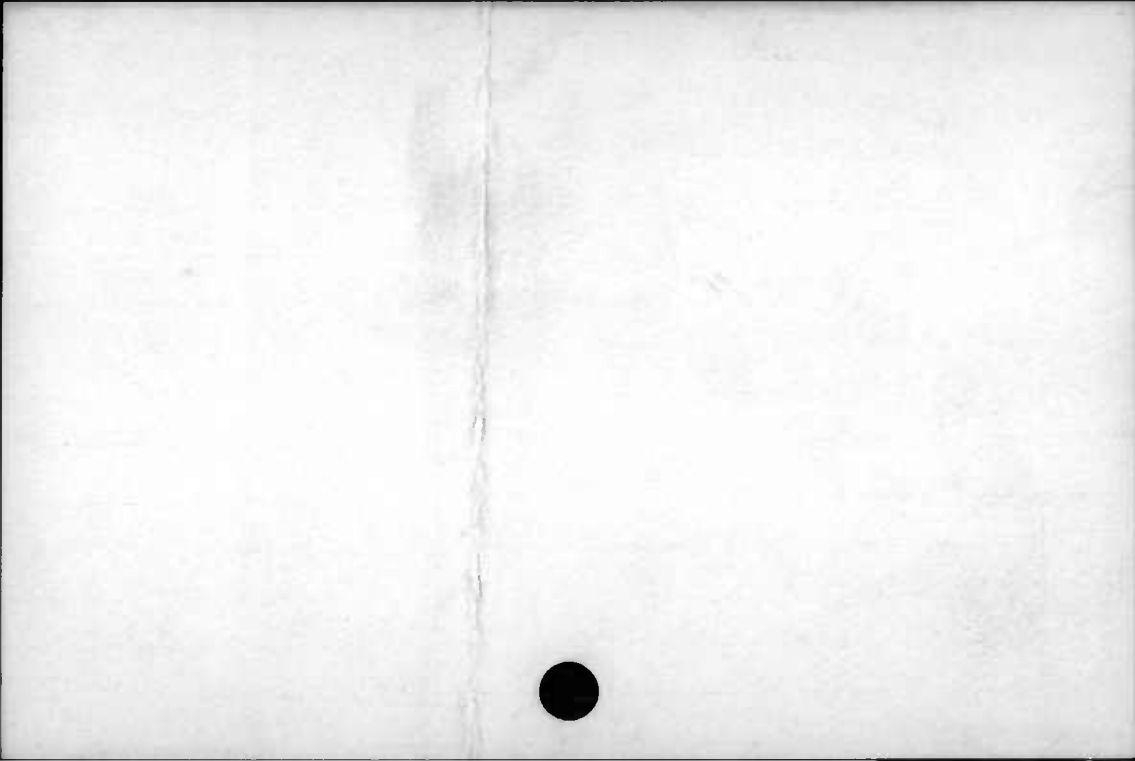
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor</i> <small>Town</small>		<i>Hargford</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Dec.</i> <small>Month</small>	<i>18-</i> <small>Day</small>	Age <i>0</i> <small>Years</small>	Months <i>0</i>	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Taylor</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>J. Duncan Almony</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Sally S. Davis</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>J. Duncan Almony</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth.</i>	How long	<i>lived about 36 hrs.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. H. Emory, M.D.</i>
		Address	<i>Hess</i>
Accident or Suicide?	<i>no</i>		<i>Ind.</i>

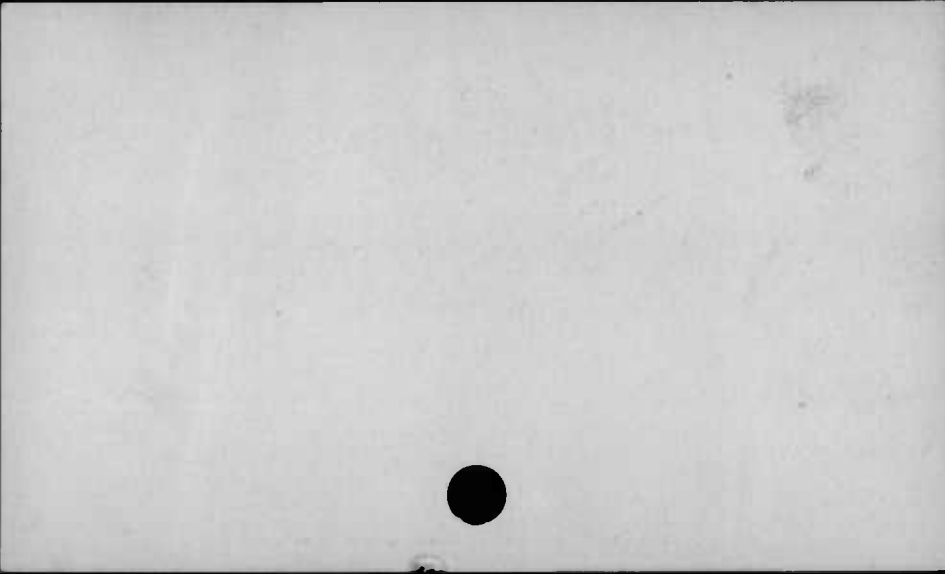


Name In Full

Certificate of Death

Died at		Town <i>Browne</i>		County <i>Harford</i>		MARYLAND	
Date 19 <i>03</i>		Month <i>Dec.</i>	Day <i>5</i>	Y. <i>-</i>	M. <i>1</i>	D. <i>1</i>	Native of <i>md</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of						Divorced	
Wife						Number of children living	
Father's Name		<i>John T. Brown</i>		Mother's Maiden Name		<i>Mary L. Fletcher</i>	
Cause of		Primary				How long sick	
Death		Immediate		<i>Convulsions</i>		<i>Accident, Suicide, Homicide</i>	
Reported by		<i>Jas S. A. Khuset</i>					
Address		<i>Norrisville md.</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joe. H Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harold Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>7</i>	Years <i>29</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Cpl</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>			
Name of Wife or Husband <i>Mary Taylor</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Harriet Brown</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Laura Mitchell</i>				How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J L Hopkins</i>
	Address <i>Harold Grace</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dublin</u> Town			<u>Harford</u> County			MARYLAND		
Date of death 190 <u>3</u>	Month <u>Dec.</u>	Day <u>6</u>	Age <u>63</u>	Years	Months <u>8</u>	Days <u>11</u>		
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Harford Co. Md.</u>				
Married, Single or Widowed <u>Married</u>			Occupation <u>Black-smith</u>					
Name of Wife or Husband <u>J. E. Elizabeth Jones & Mary Dick</u>								
Father's Name <u>Isaac Burkins</u>				Father's Birthplace <u>_____</u>				
Mother's Maiden Name <u>_____</u>				Mother's Birthplace <u>_____</u>				
Name of person giving information <u>Jos. T. Burkins</u>				How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cardiac Asthma</u>	caused by <u>Mitral Incompetency</u>	How long <u>Seven months</u>
Immediate <u>Paralysis of Heart</u>		How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. Herbert Tobias, M.D.</u>	
They are	Address <u>Bastleton, Md.</u>	
Accident or Suicide?		



Name
in
Full

Lewis E. Coen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrods Grace		County Harford		MARYLAND	
Date of death 1903		Month Dec.	Day 5	Age 38		Years	Months 2
Sex Male		Color or Race White		Birth- place Chapel Harford Co			
Married, Single or Widowed Married		Occupation Farmer					
Name of Wife or Husband L. Touchton							
Father's Name Lewis Coen		166		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation Parker Mitchell				How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed by Bull	How long	.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R H Smith MD	
		Address Harrods Grace	
Accident or Suicide?			



Name
in
Full

William H. Gallup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Perryman Town

County

Harford

MARYLAND

Date of death 190 3 Month 12

Day

5Age 79 Years

Months

6

Days

Sex

MaleColor or
RaceWhiteBirth-
placeHarford CoMarried, Single
or Widowed

Occupation

FarmerName of Wife or
HusbandFather's
NameOliver GallupFather's
BirthplaceHarford CoMother's
Maiden NamePamela HollowayMother's
Birthplace""Name of person giving
InformationW. H. GallupHow related
to deceasedSister in law

CAUSES OF DEATH

Primary

Tuberculosis

How long

Two yrs

Immediate

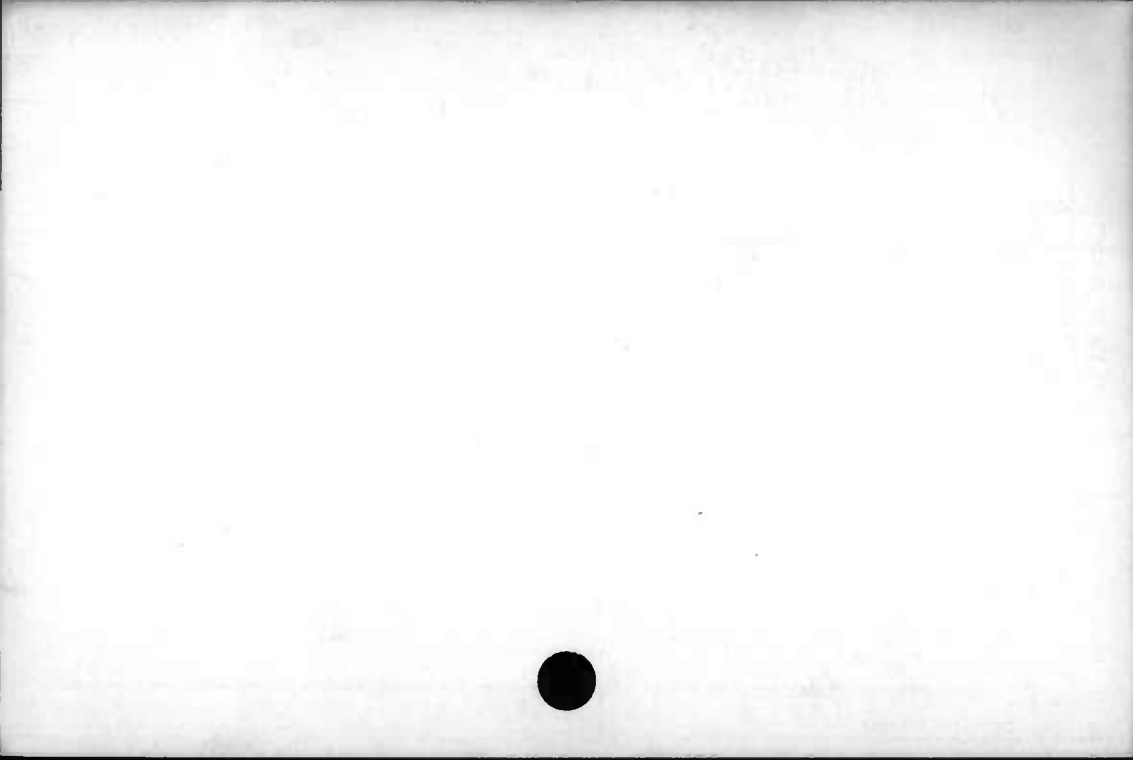
Anemia

How long

4 "Are the name, age, sex, color, date
and place correctly given above?yes.Signature of
Physician

Address

J. H. Otis
PerrymanAccident or Suicide?PHYSICIAN
OR CORONER



Name
in
Full

James Thomas Gorrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1903.</i>	Month <i>December</i>	Day <i>27</i>	Age <i>67</i> <small>Years</small>	Months <i>3</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Hopewell</i>		
Occupation <i>Carpenter.</i>		Where Residing if not at place of death <i>Bel Air, Md</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>M. Elizabeth Gorrell.</i>				
Father's Name <i>John Gorrell.</i>	<i>93</i>			Father's Birthplace <i>Hopewell.</i>	
Mother's Maiden Name <i>Elizabeth Bell</i>				Mother's Birthplace <i>-</i>	
Name of person giving Information <i>Harry B. Gorrell</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>1 week.</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Richardson</i>
	Address <i>Bel Air, Md</i>
Accident or Suicide?	

181

Name

in
Full

Frederick Harris

CERTIFICATE OF DEATH

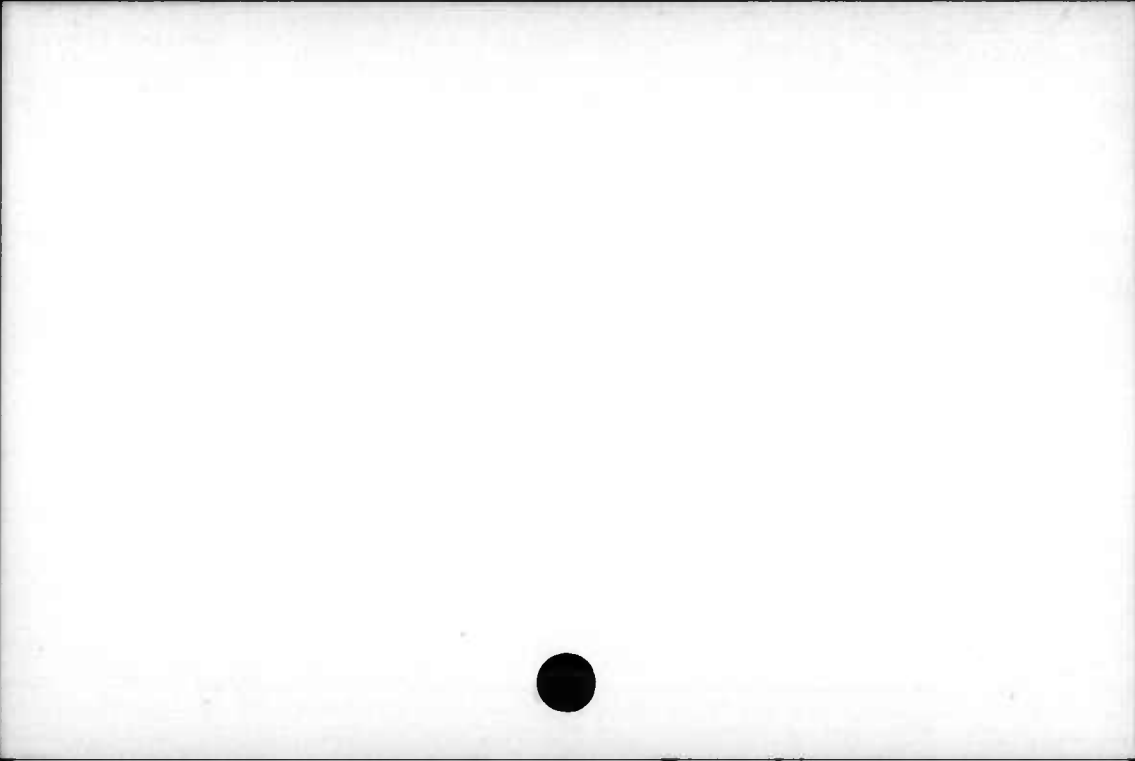
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pooler</i> Town		<i>Harpur</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>21</i>	Age	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harpur Co</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace <i>179</i>			
Mother's Maiden Name <i>Bertha Pacca</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Bailey & Baldwin</i>		How related to deceased <i>None</i>			

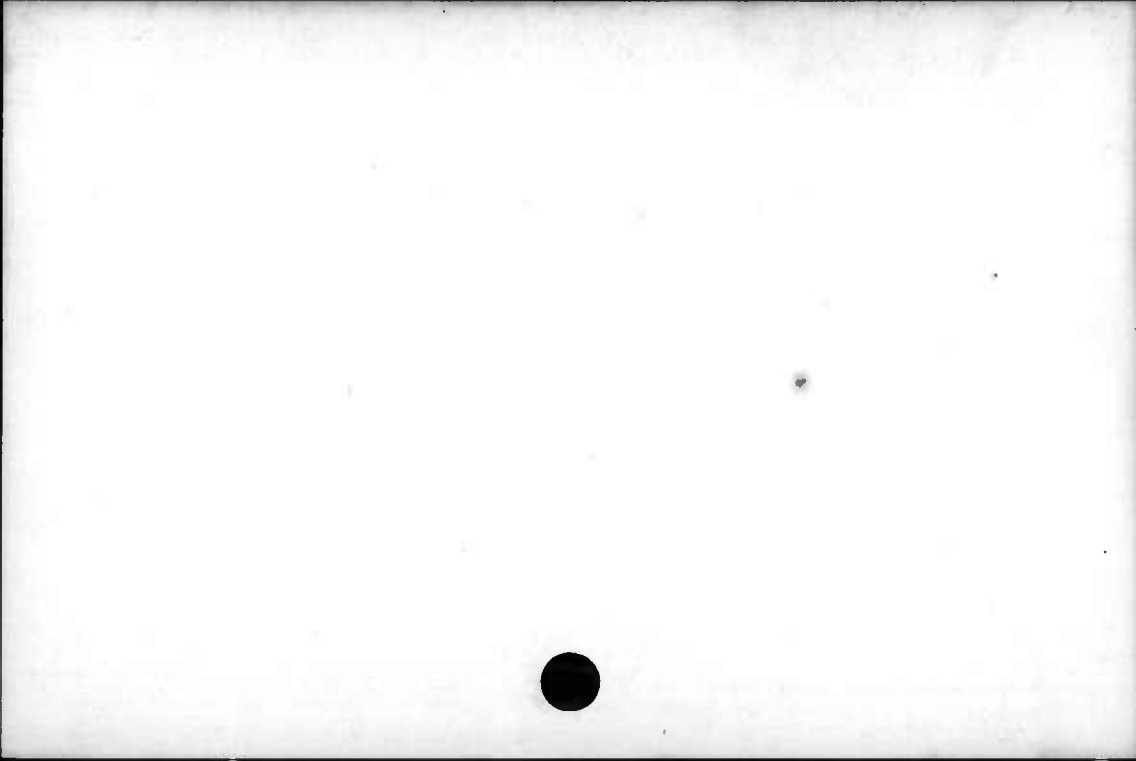
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Bailey & Baldwin</i>
	Address <i>Levil Ind</i>
Accident or Suicide?	



Name in Full		Coastline HECK				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chestnut Hill		County Harrison		MARYLAND
	Date of death 1903	Month 12	Day 27	Age 76	Years	Months	Days
	Sex Female	Color or Race White		Birth- place Ind.			
	Married, Single or Widowed Widowed		Occupation Housewife				
	Name of Wife or Husband Charles Heck						
	Father's Name Hamilton Morgan				Father's Birthplace Ind.		
	Mother's Maiden Name Sarah Morgan				Mother's Birthplace Ind.		
	Name of person giving Information Henry Adley				How related to deceased None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Pneumonia				How long 1 week		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Dr. F. H. Arthur		
					Address Street Ind.		
	Accident or Suicide?						



Name In Full

Certificate of Death

Sarah J. Izier

Town

County

MARYLAND

Died at

Scarff

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

12

26

Age 42

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Five

Husband of

Charles Izier

Wife

Father's

Name

James Morgan

Mother's

Maiden Name

Sarah J. Morgan

Cause of

Primary

Death

Immediate

Hemorrhage

How long sick

85

Accident, Suicide, Homicide

Reported by

G. W. Davis

M. D.

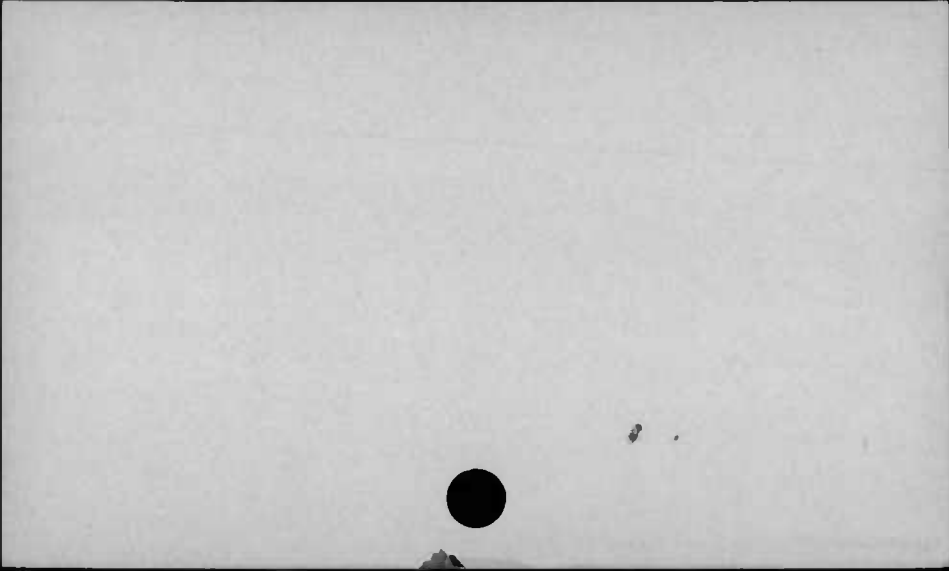
Address

Pleasantville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

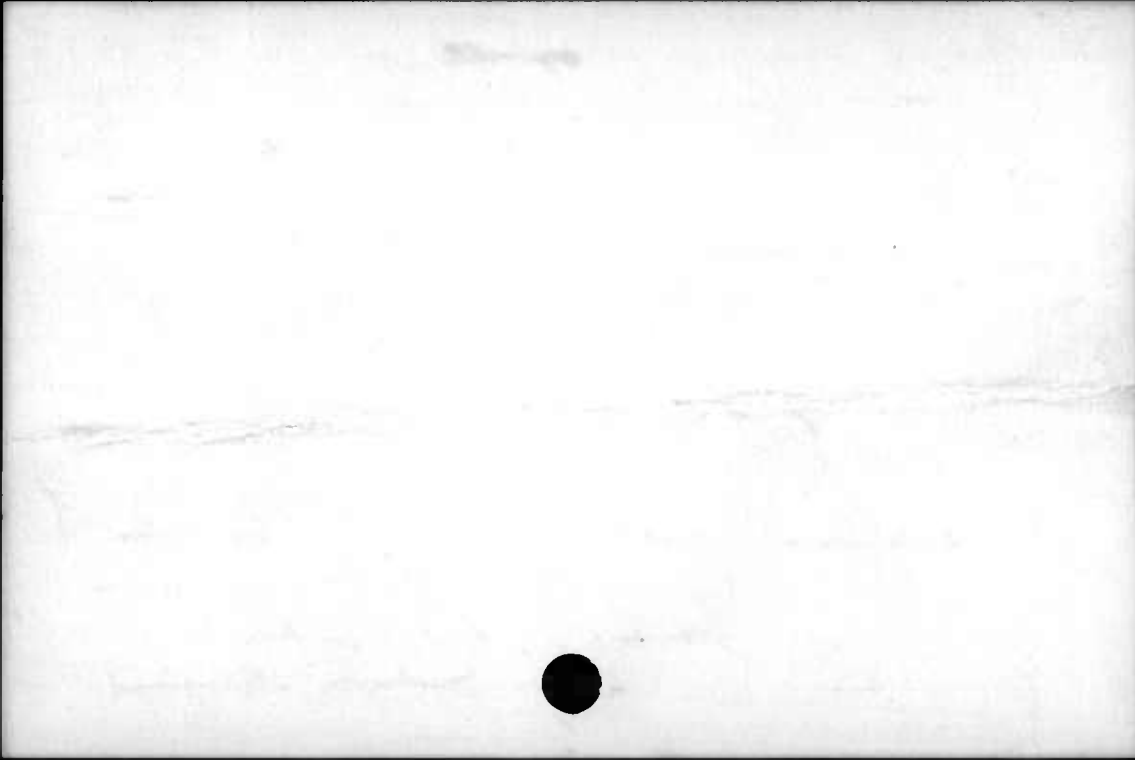
Per Walker



Name in Full *Francis Kennedy*
 Town *Cooper* County *Hanford* MARYLAND
 Died at
 Date *1903* Month *12* Day *1* Y. *40* M. *?* D. *?* Native of *Maryland* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *4*
 Husband of *Sarah Steele Kennedy*
 Father's Name *Sarah Steele Kennedy* Mother's Name *Sarah Steele Kennedy*
 Cause of Death { Primary *Pulmonary Tuberculosis* Immediate *2 years*
 How long sick *2 years*
 Accident ☐ Suicide ☐ Homicide ☐
 Reported by *Wm. H. Kennedy*
 Address *Tulla Re*



Name in Full		Georgina Lytle				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Shausville	County Harford	MARYLAND				
		Date of death 190		3	Month Dec	Day 26	Age Years	Months 2	Days 18	
		Sex		Female		Color or Race		White	Birth-place	Maryland
		Married, Single or Widowed		Single		Occupation		none		
		Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name				J. Frank Lytle		Father's Birthplace	Maryland	
		Mother's Maiden Name				Annie E. Webb		Mother's Birthplace	Penna.	
		Name of person giving information				J. Frank Lytle		How related to deceased	Father	
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				Marasmus		How long	2 months	
		Immediate				Capillary Bronchitis with Whooping cough		How long	9 days	
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		Wm. L. and Stirling
						Address		Shane		
								Md		
		Accident or Suicide?								



Name
in
Full

George Duncan Maxwell

CERTIFICATE OF DEATH

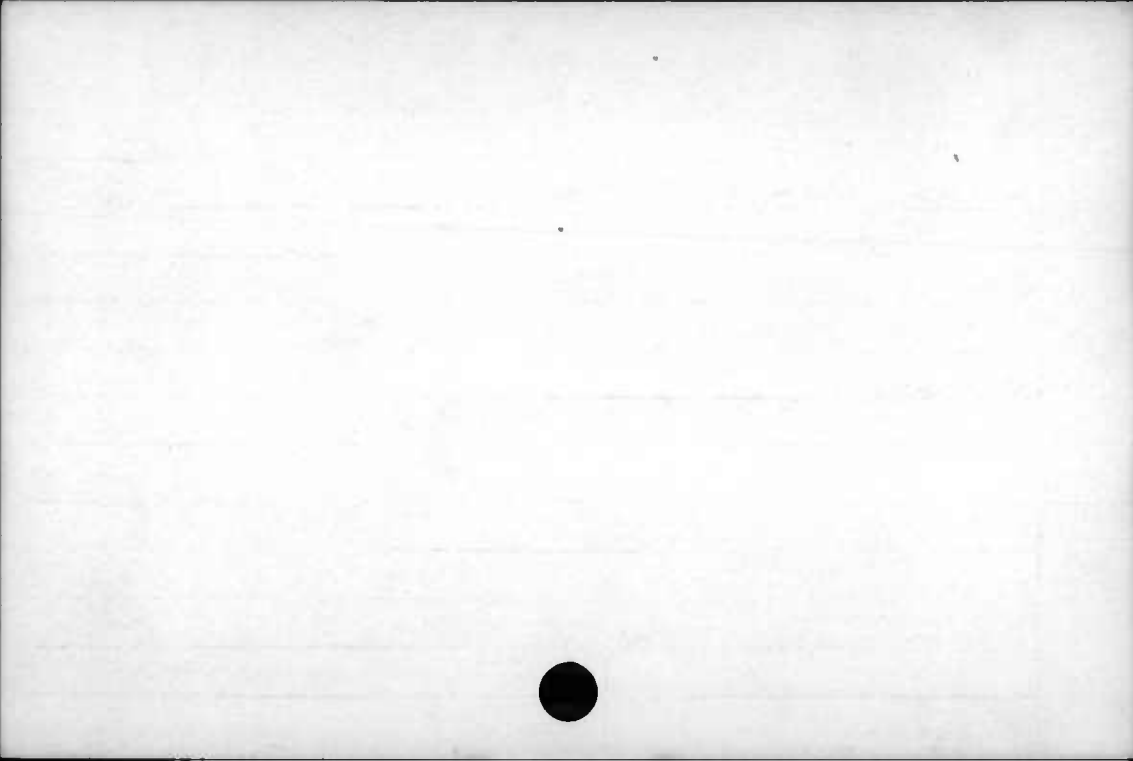
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1 Deer Creek		Harford					
Date of death 1903	Month	Day	Age	Years	Months	Days	
12	18	54	4	22			
Sex	Male	Color or Race	White	Birth-place	New York		
Married, Single or Widowed	Married	Occupation	Farmer				
Name of Wife or Husband	Elizabeth Webb						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Jno. Saffington			How related to deceased	Not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	six weeks
Immediate	" "	How long	" "
Are the name, age, sex, color, data and plac correctly given above?	yes	Signature of Physician	Jno. Saffington
		Address	Darlington Maryland
Accident or Suicide?			



Name In Full

Certificate of Death

Michael Moore

Town

County

Died at

MARYLAND

Data 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 4

Age

57

-

Acc Co

Employed at

Stationer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

40

Cause of

Primary

Myocardial Dis of Heart

How long sick

3 months

Death

Immediate

Angina Pectoris

Accident, Suicide, Homicide

Reported by

J C Crother

Address

Harris de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

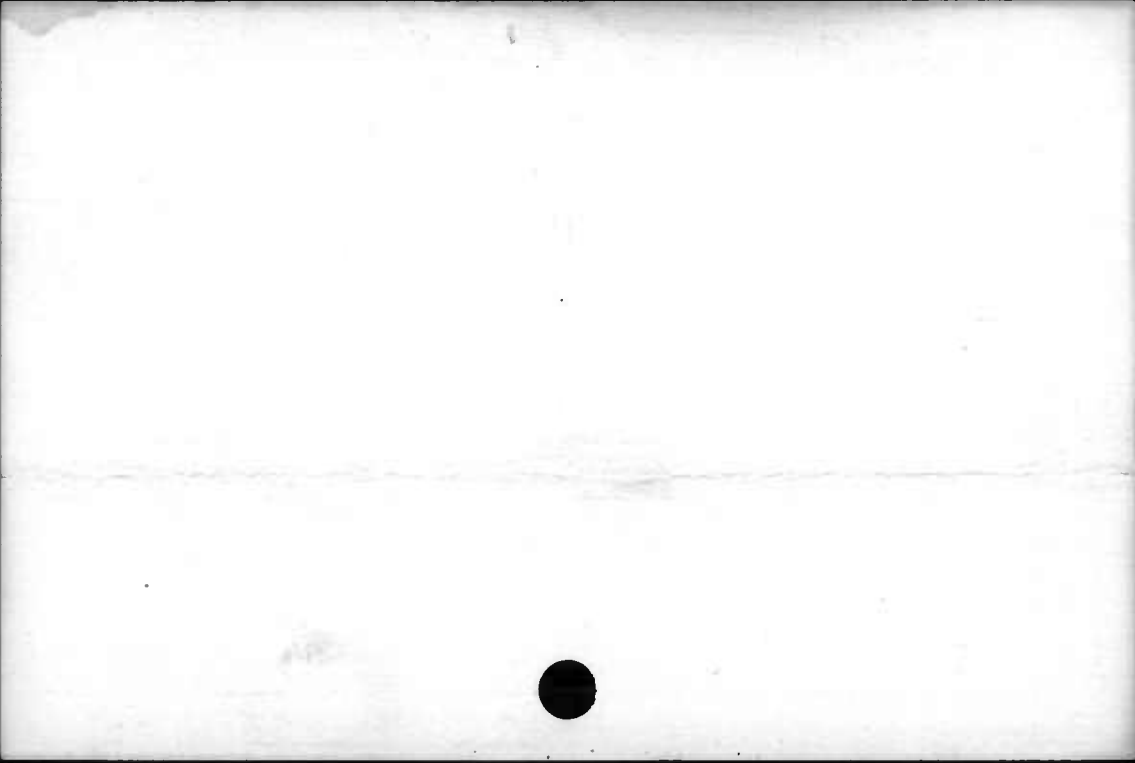


CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND
Date	Month	Day	Years	Months	Days
of death 1903	Dec'r	13	Age 32		
Sex	Color or Race		Birth-place		
Female	White		Virginia		
Married, Single or Widowed			Occupation		
Name of Wife or Husband William Patterson					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information W Patterson				How related to deceased Husband	93

CAUSES OF DEATH

Primary	Pneumonia	How long	3 weeks
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ephraim Hopkins
		Address	Darlington Md
Accident or Suicide?			



Name
in
Full

Chas. Wesley Peaco

CERTIFICATE OF DEATH

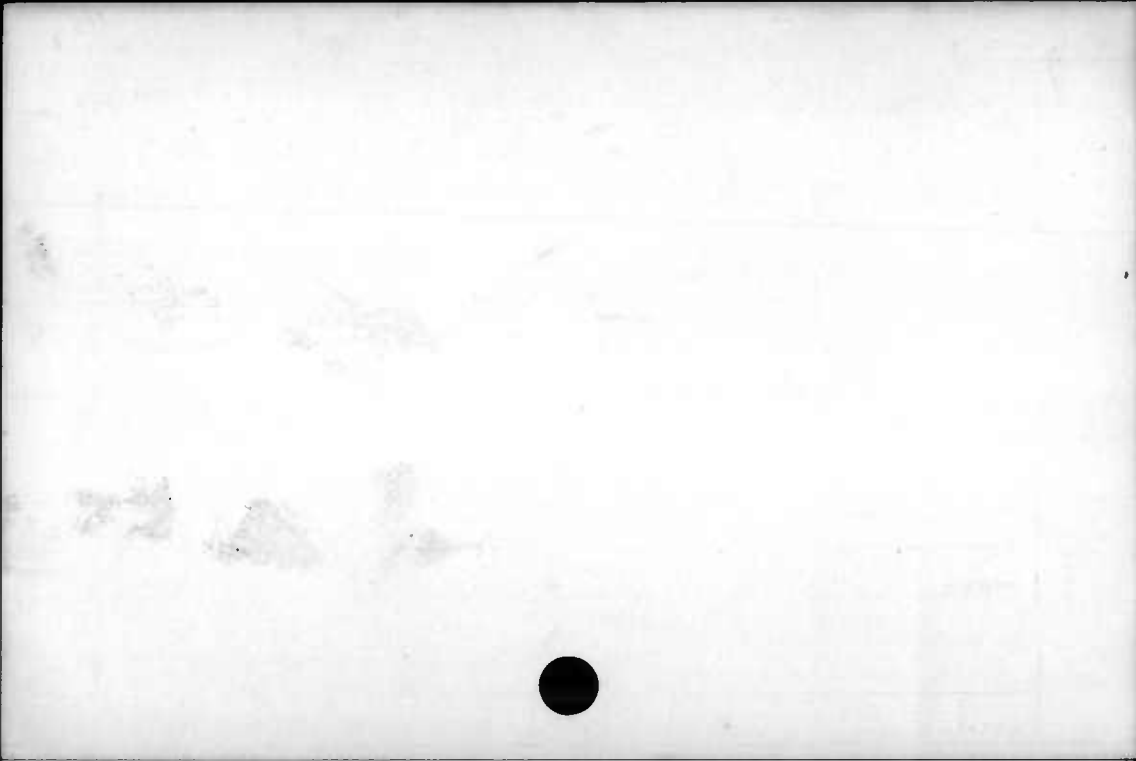
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garland		County Starford		MARYLAND	
Date of death 190	3	Month Dec	Day 1	Age Years	33	Months	Days
Sex	male		Color or Race	Col		Birth- place	md
Married, Single or Widowed				Single			
Occupation				waiter			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mary Peaco			
Name of person giving in formation				Jacob Peaco			
				How related to deceased			
				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	8 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Hopkins	
Address		Stave de Grace	
		md	
Accident or Suicide?			



Name in Full

Certificate of Death

Magdalena

Preston

01/70/13/35

Died at

Magnolia

Harford

MARYLAND

Date 1903

Month Dec Day 28

Age 60

M. 7 P. 12

Native of Baltimore city

Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

John Henry

Preston

Henry V Keller

Mother's

Name

Margaret Keller

Cause of

Primary

How long sick

Sudden

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

Charles Roth

Edgewood Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BUREAU



Name
in
Full

CERTIFICATE OF DEATH

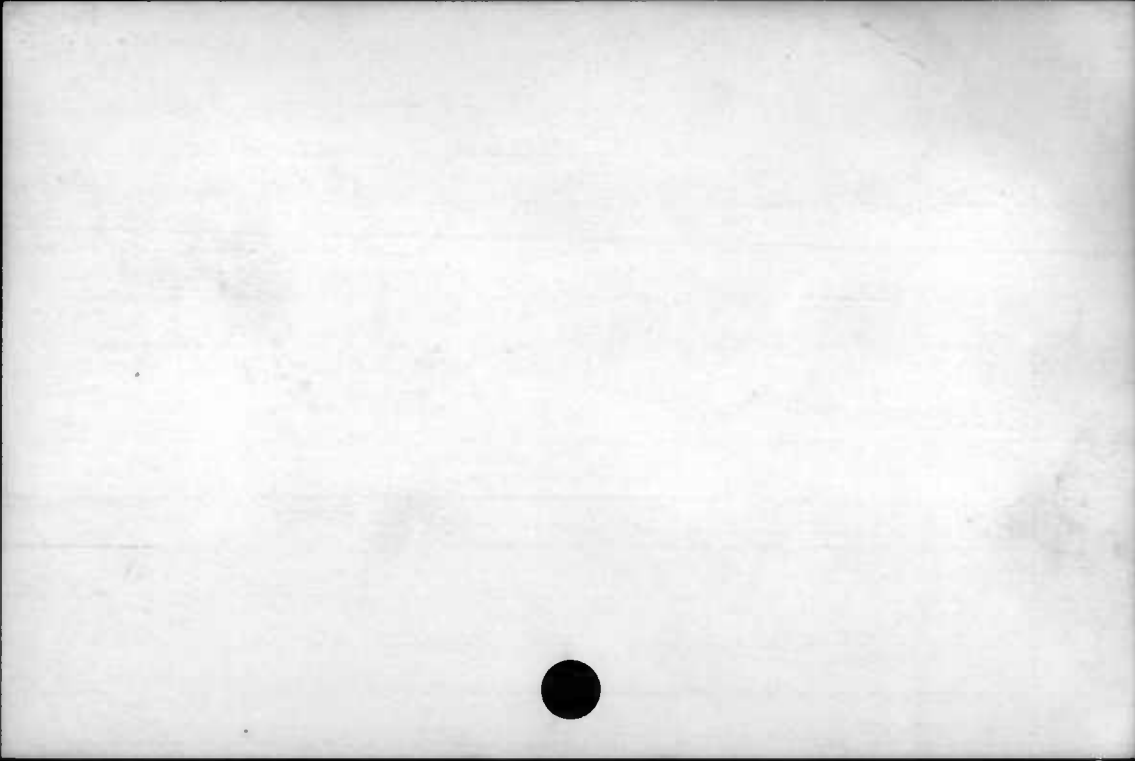
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Small</i> Town		<i>Prigs</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>24</i>	Age _____ years	Months _____	Days _____
Sex _____		Color Race <i>ad</i>		Birth-place <i>Small</i>	
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Daniel Prigs</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name _____			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Daniel Prigs</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Born dead</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A R McComas</i>
<i>Undertaker</i>	Address <i>Atmington Ind</i>
Accident or Suicide? _____	



Name in Full

Certificate of Death

Richard B Robinson

Town

County

Died at

Cassius

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

12

22

Age

74

America

wheelwright

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Mary A Robinson

Mary A. Brown

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Henry Tarrin

Address

Abbeville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mrs. Alice Roussey

Town

County

Died at

Cambridge

Harford

MARYLAND

Date 1923 Dec. 17

Month Day

Age

Y. M. D. Native of

Occupation

Domestic

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living home

Husband

of

Wife Marshall Roussey

Father's

Name

Wm. Bay

Mother's

Name

Laura Bay

Cause of

Primary

Consumption of lungs some years

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. Steward M.D.,
Delta Pa.

Address



Name
in
Full

Louisa F Stclair

CERTIFICATE OF DEATH

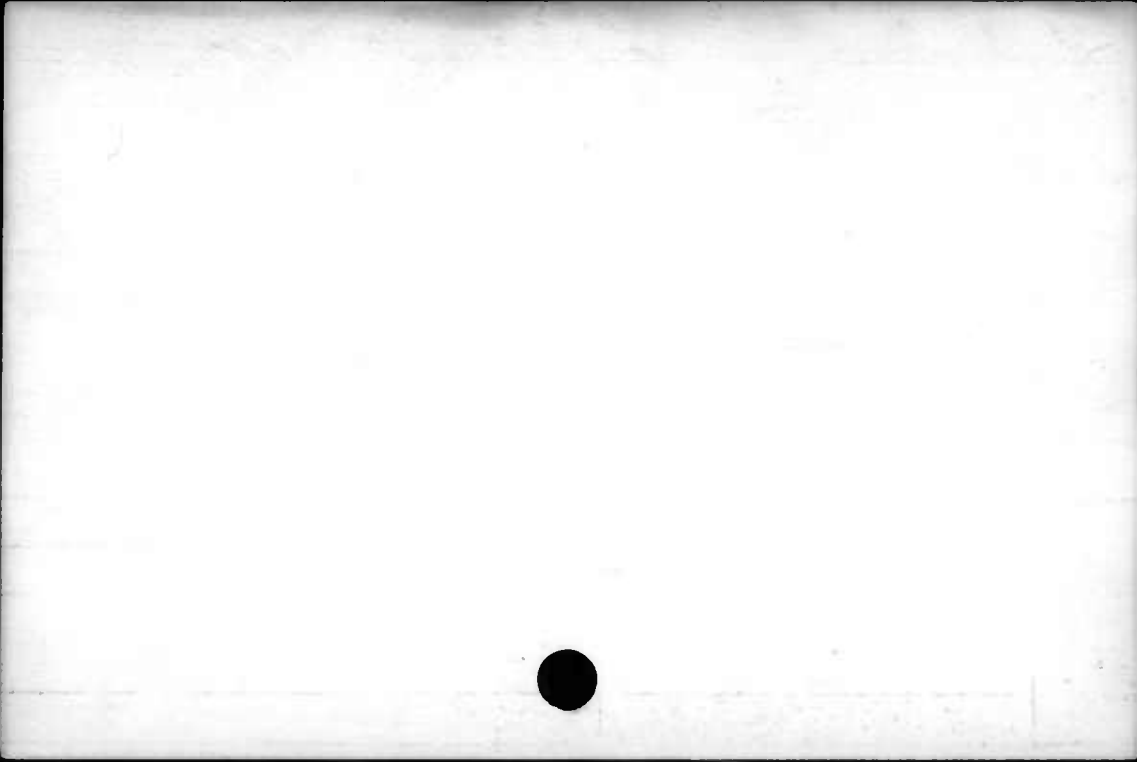
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Federal Hill		Harford		MARYLAND	
Date of death 1903	Month Dec	Day 8	Age 83	Months 10	Days 29		
Sex Female		Color or Race White		Birth-place Harford co			
Married, Single or Widowed		Widow		Occupation Housekeeping			
Name of Wife or Husband		John Berny Stclair					
Father's Name				Father's Birthplace			
Mother's Maiden Name		Elizabeth Whitt		104		Mother's Birthplace Harford co	
Name of person giving information		Charles R Stclair				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	9 Days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W.C. McLeod	
		Address	
		1910 W. Janvate St.,	
		Baltimore	
Accident or Suicide?			



Name
in
Full

Edward Thompson

CERTIFICATE OF DEATH

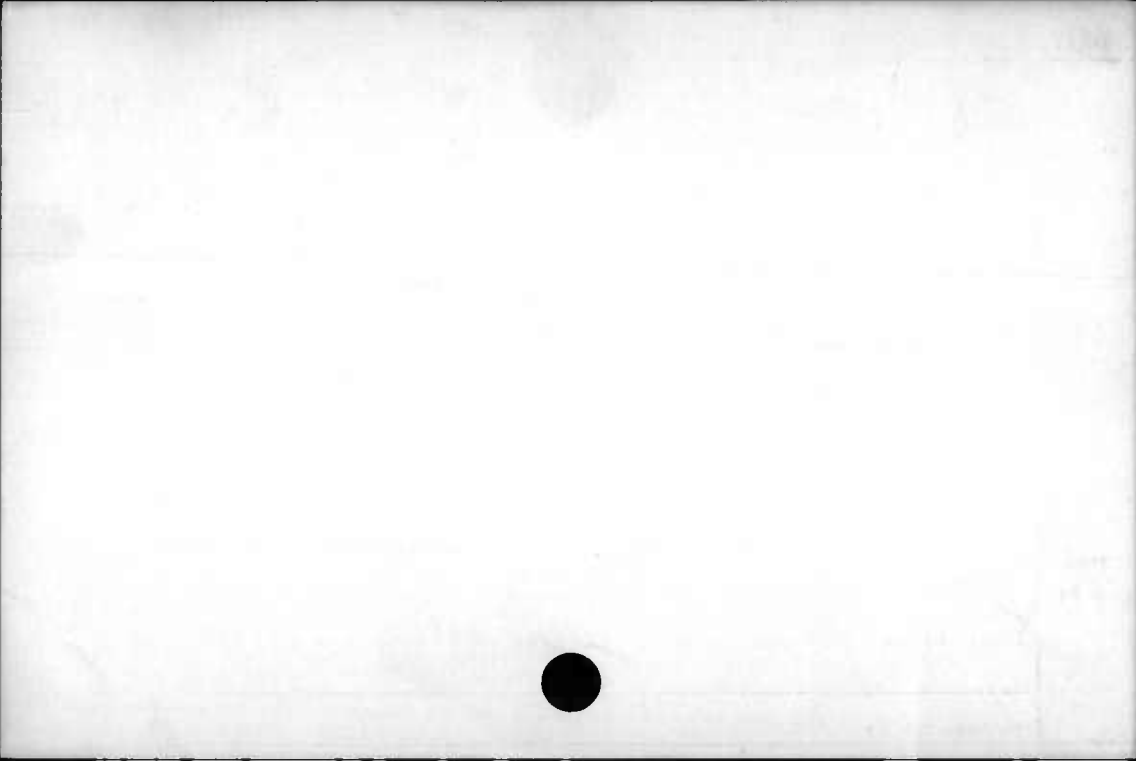
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Webster</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>DEC</u>	Day <u>1</u>	Age <u> </u>	Months <u>11</u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Nelson Thompson</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mattie Ryan</u>			Mother's Birthplace <u> </u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Meningitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Hopkins</u>
	Address <u>Harford de Seauy</u>
	<u>md</u>
Accident or Suicide? <u> </u>	



William J Thompson

Town

County

MARYLAND

Died at *Seaboard* *Harford Co*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Dec. 18

Age 63

3

6

Ind.

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Chronic nephritis

20 years

Death

Immediate

Hypertrophy of Heart

Accident, Suicide, Homicide

Reported by

L. W. F. Amours

M.D.

Address

Street Po

Harford Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Inland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clayton</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>11</i>	Age <i>78</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Clayton</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Mrs Connell</i>			How related to deceased <i>Step Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organ Heart Disease</i>	How long
Immediate <i>Dropsy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. Reynolds</i>
	Address <i>Unknown</i>
Accident or Suicide?	

Interment -
St. Stephens

Name
in
Full

Wm. B. Vancourt

CERTIFICATE OF DEATH

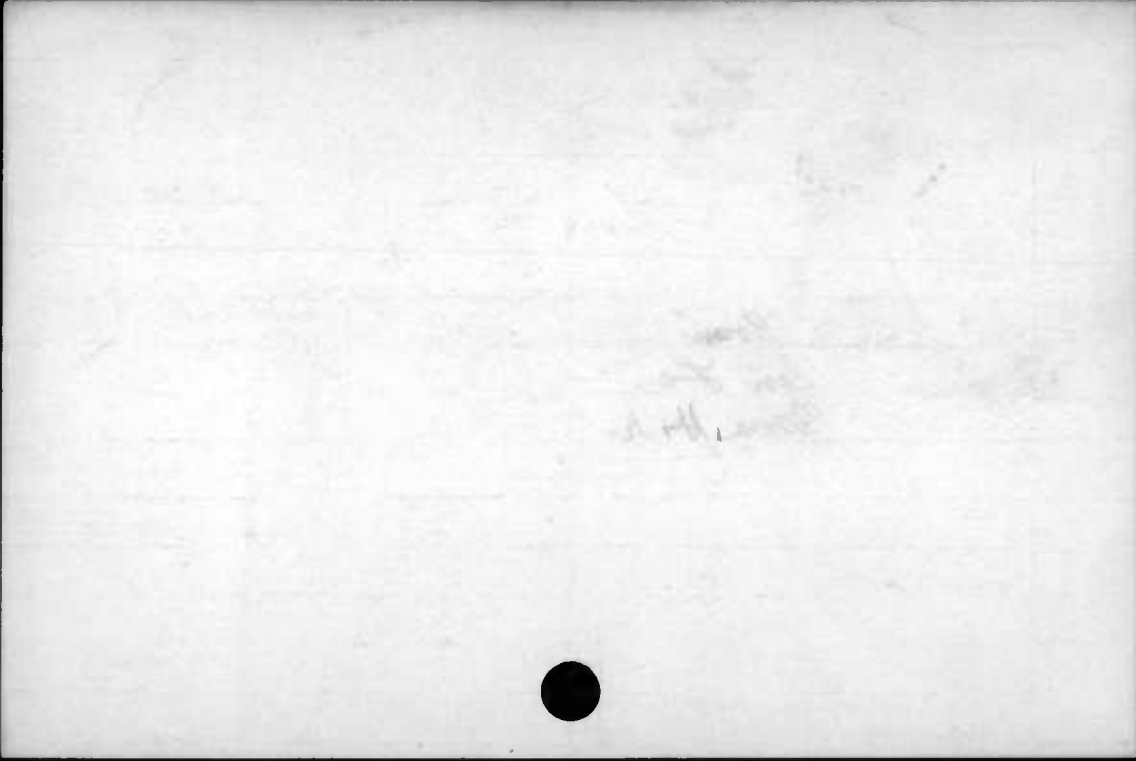
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jarrettsville</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>Dec.</i> ^{Day} <i>16</i>	Age <i>One</i> ^{Years}	<i>10</i> ^{Months}		<i>—</i> ^{Days}	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas H. Wiley</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>H. Lizzie Wheeler</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Thomas H. Wiley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Induried nutrition</i>	How long <i>Two weeks</i>
Immediate <i>Anaemia</i>	How long <i>Seven days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. L. Smith M.D.</i>
	Address <i>Jarrettsville Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mrs Pauline Wilson

CERTIFICATE OF DEATH

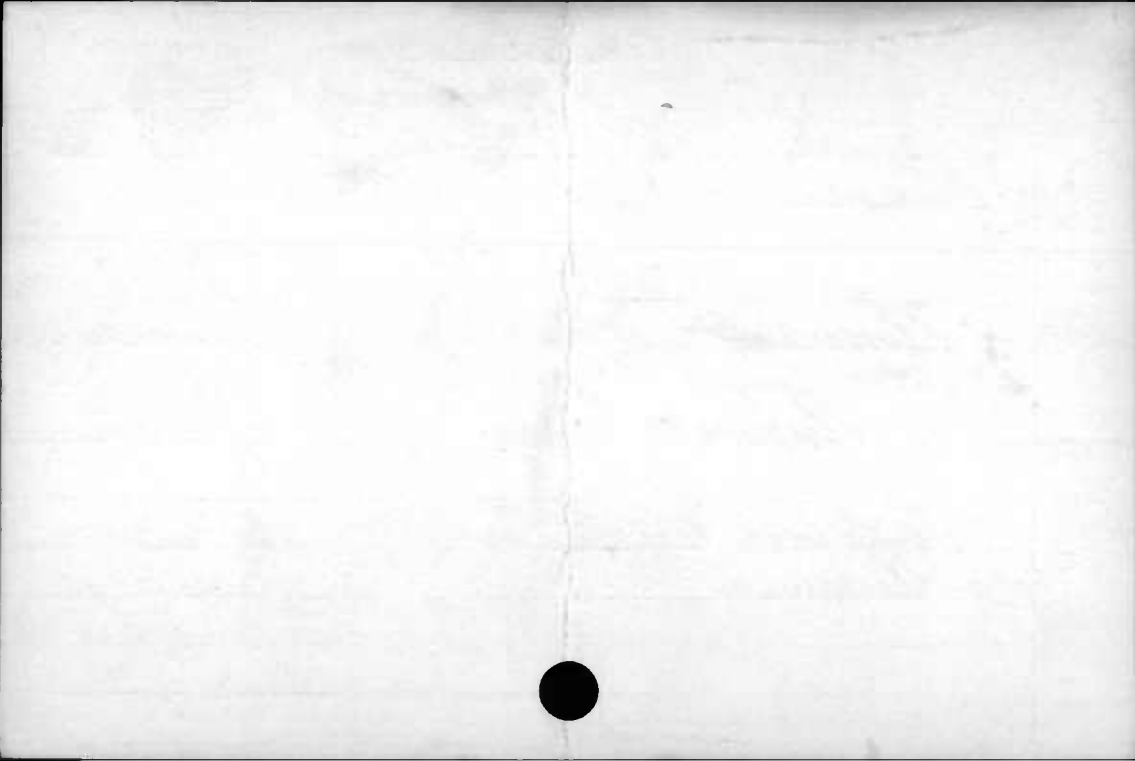
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Pylesville		Harford		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death 190	3	Dec	21	65					
Sex	Female		Color or Race	White		Birth-place	Harford Md		
Married, Single or Widowed	Married			Occupation	House Keeping				
Name of Wife or Husband	Wm Wilson								
Father's Name	Samuel Whiteford					Father's Birthplace	Md		
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information	SP					How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Anemia		How long	
Immediate	Angina Pectoris		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	A. Warren. Pansay Md
			Address	Drexel York & Co Pa
Accident or Suicide?				



Died at		Town <i>Gungahman</i>		County <i>Starford</i>		MARYLAND	
Date 19		03	Month <i>12</i>	Day <i>24</i>	Y. <i>18</i>	M. <i>8</i>	D. <i>18</i>
Age		Native of		Occupation			
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Number of children living					
Wife							
Father's Name		Mother's Maiden Name		<i>166</i>			
Cause of Death		Primary <i>Struck by car</i>				How long sick	
Immediate						Accident, <u>Suicide</u> , <u>Homicide</u>	
Reported by		<i>Alexander P. Harris J.P.</i>					
Address		<i>Eagwood Starford Co</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

